

NH Behavioral Health Summit  
Manchester, NH  
December 9, 2025

# Health as Survival?

Immigrant and Community Well-being in Turbulent Times

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Leah Zallman Center for Immigrant Health Research  
Institute for Community Health



A CENTER AT



# Today's talk:

## WHAT:

- Turbulent times, not new
- Boldness in dehumanization

## SO WHAT:

- Political anxiety
- Financial trauma
- Individual, institutional, relational changes

## NOW WHAT:

- Immigrant integration
- Narrative strategy
- Self and collective care



# Leah Zallman Center for Immigrant Health Research

## Mission

To partner with immigrant communities, advocates, policymakers, funders, and social and health systems on actionable research to improve immigrant health and well-being.

## Values

Collaboration. Equity. Joy. Rigor. Generosity. Impact.

## How we work

The Leah Zallman Center builds on ICH's long history of using participatory methods to ensure that community voices in research are amplified to the state and national level as part of evidence-based policymaking.

[www.immigranthealth.org](http://www.immigranthealth.org)





# Leah Zallman Center's Theory of Change

## Research:

We conduct rigorous, actionable inquiry to build knowledge that advances immigrant health and well-being by:

- Identifying immigrant health policy opportunities, best practices, and cases
- Developing evidence-based narratives that support immigrant well-being
- Building theory and methods grounded in community and equity

## Capacity and Learning:

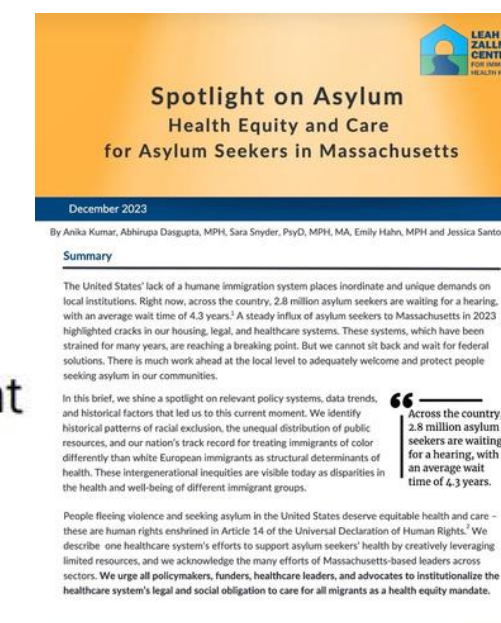
We provide immigrant scholars and immigrant-led organizations with technical assistance and mentoring while fostering an internal learning culture by:

- Supporting the growth of immigrant scholars to develop into future leaders
- Equipping immigrant researchers, community leaders, and practitioners with tools and resources to lead anti-assimilationist inquiry
- Assisting immigrant-led and immigrant-serving organizations to refine programs, policies, and evaluation frameworks through systematic learning

## Networks:

We engage with and connect immigrant advocates, policymakers, funders, and social and health systems to build cross-sector relationships, knowledge, and power by:

- Connecting leaders across disciplines with shared values to identify new solutions, collaboration opportunities, and resources to turn research into action
- Raising public awareness about how society can be organized to advance immigrant health equity
- Creating spaces that inspire and empower people to effect change





# WHAT

**What are some of the key patterns and policies affecting immigrant mental health?**

- Turbulent times, not new
- Boldness in dehumanization

# ICE IMPACTS



Health and Economic  
Policies (new and old)



## Othering

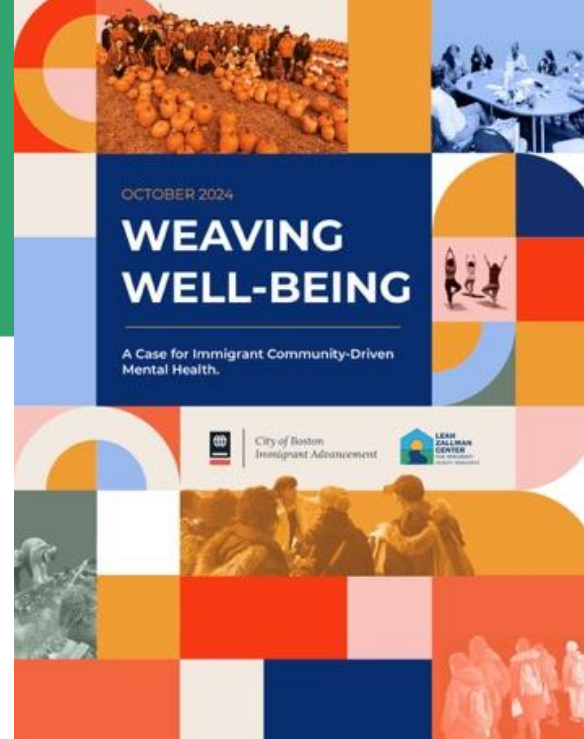
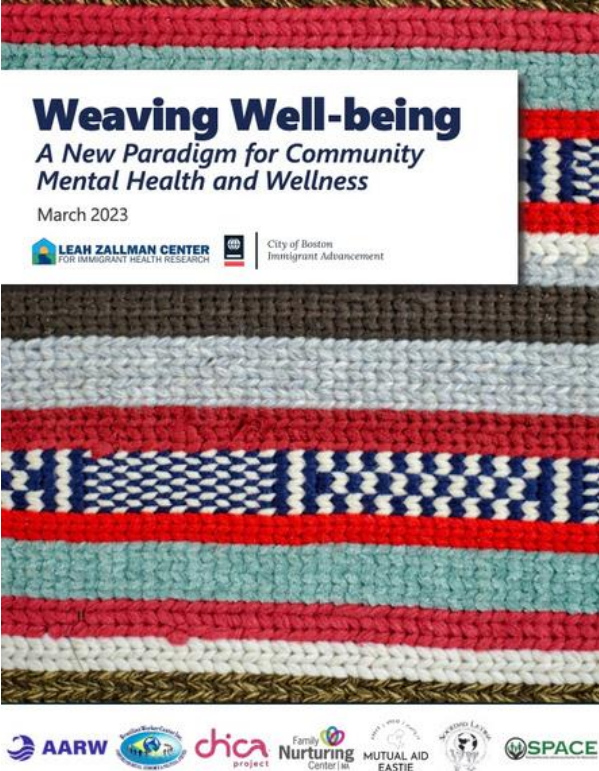


# SO WHAT

**How do they play out and what are the effects on immigrant and community health?**

- Political anxiety
- Financial trauma
- Individual, institutional, relational changes





Right now, **deportation is very big on everyone's mind...** the program will be spreading word of what we have - a card that shares how to get a lawyer, legal services, resources, and organizations of help. We don't know what's coming but I can say with confidence **raising the resiliency in the community is how we can prepare.**

-Weaving Well-being program leader

**90%**  
of survey respondents said  
the program helped them  
contribute to the happiness and  
well-being of others.

**90%**  
of survey respondents said that  
the program helped them identify  
resources to support them if they  
are having a difficult time.

**96%**  
of survey respondents  
learned a skill or practice  
through their program.

n=553 over 3  
years





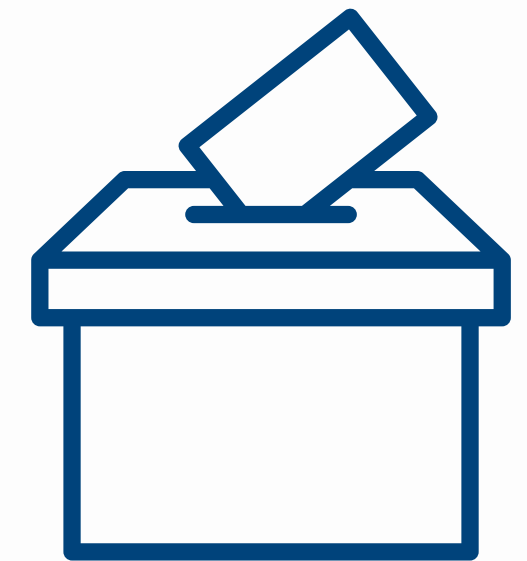
# Political anxiety

...is a term used to describe **feelings of uncertainty, instability, and distress** over world events, government decisions, and societal shifts.

Data: Weaving Well-being ; mental health landscape review

**72% of voters** feel that the **tone and civility in American politics has gotten worse.**  
(May 2025)

”



- **We cannot therapize away policy-induced harm**
- **We can..**
  - develop healthy coping strategies
  - provide resources about rights, legal support, and safe spaces
  - create opportunities for community and civic engagement
  - channel funding to community-based organizations and mutual aid networks that are already doing the work





# Financial trauma

...is the psychological and emotional stress people experience from serious or ongoing money problems like poverty, job loss, housing instability, bankruptcy, or growing up in a financially insecure environment. It can affect how someone thinks about, feels about, and manages money long after the original hardship has passed.

Data: basic income evaluation; study of CDFI role

”

*When I came here, I came with nothing... I faced a lot of, like, depression because **I felt like I was by myself and I was, like, drowning**.. So being part of the program and having that little assist to pay basic needs—it was just incredible.*

*-program participant*

”

***I used to be a lawyer in the Dominican Republic. Now, I work in housekeeping at Brigham.***

*-program participant*

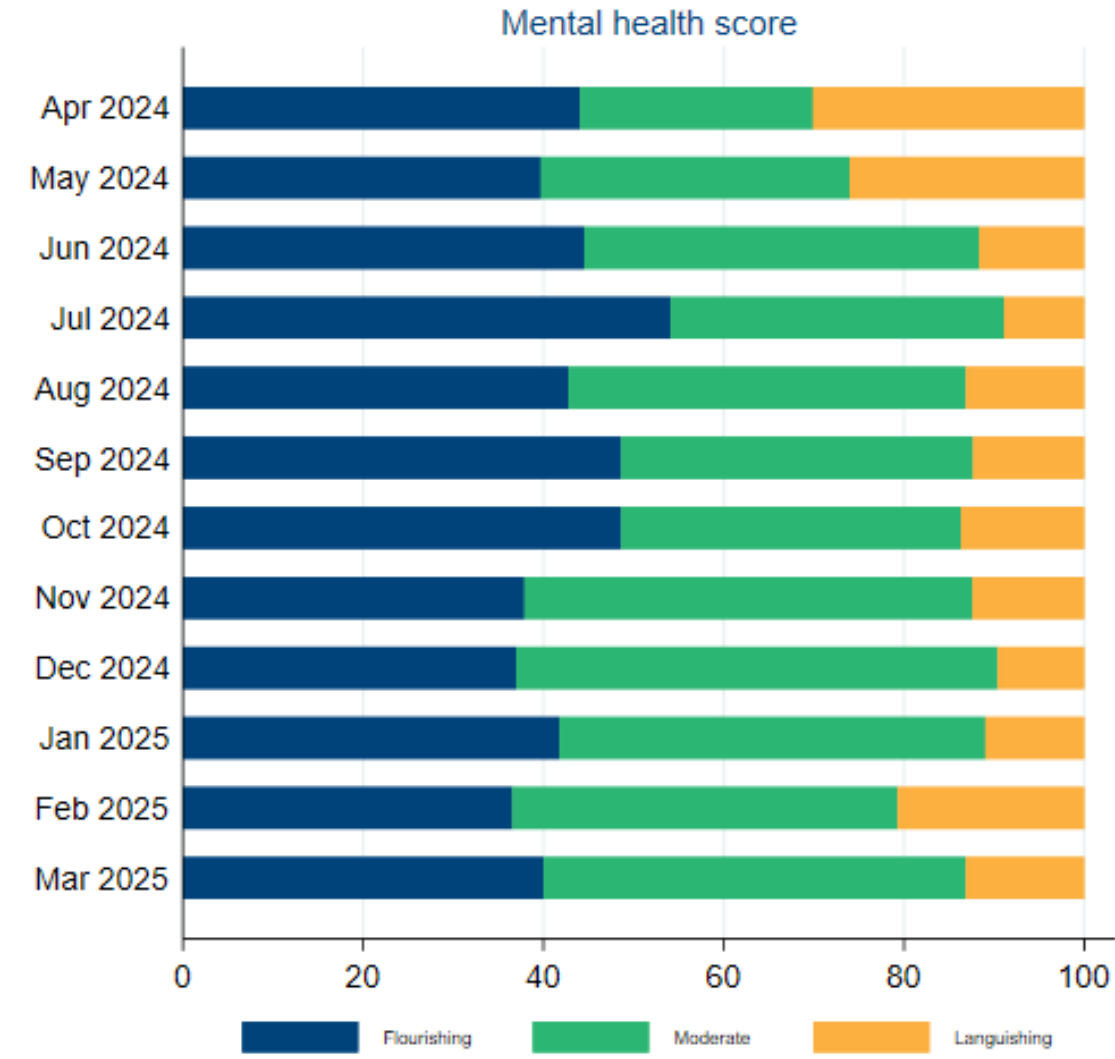
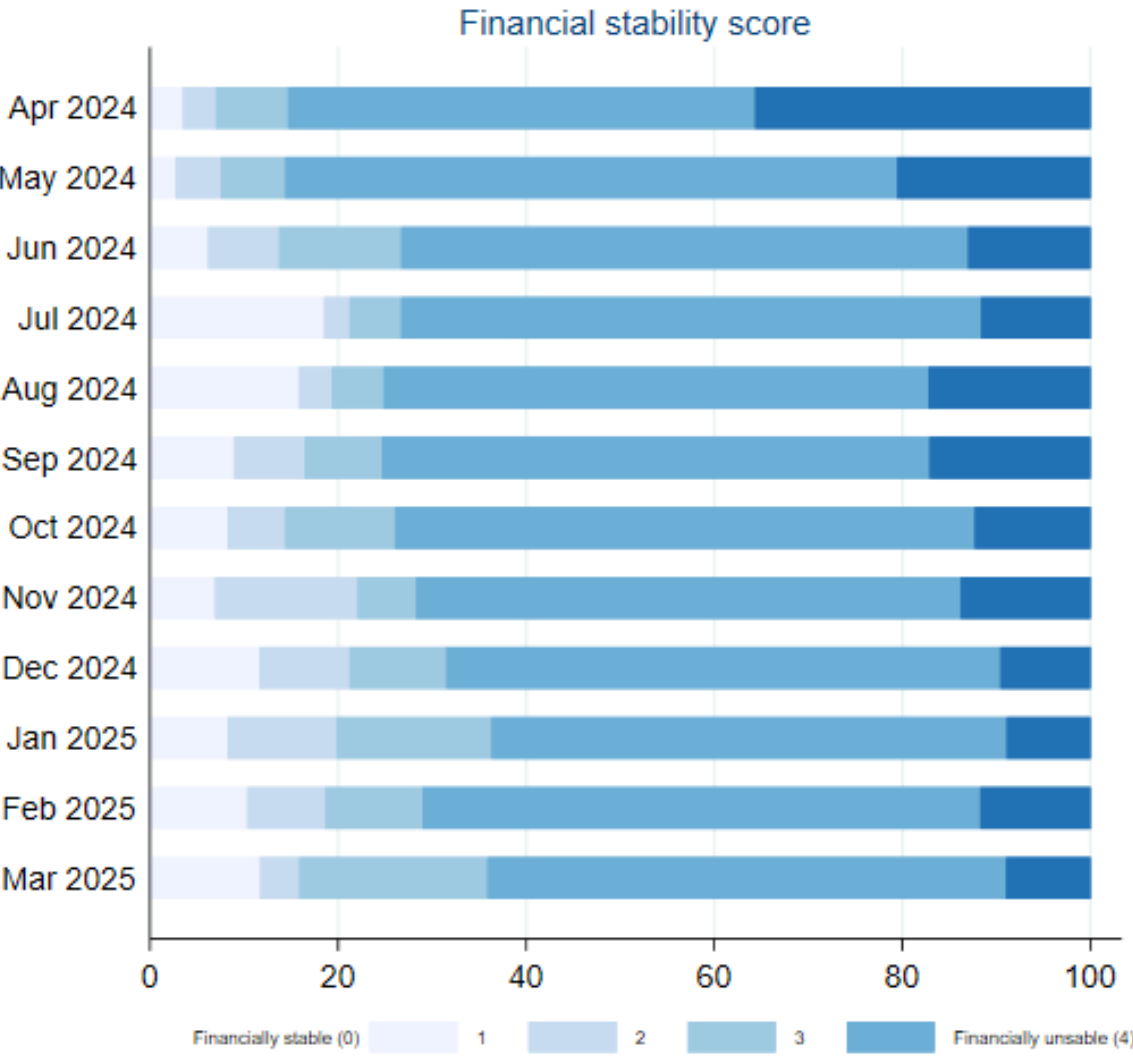
## Key sources of financial trauma

- Loss and violence through migration
- Poverty, inability to provide for family/others
- Being denied opportunities (lending, jobs)
- Predatory lending, fraud, or violence due to debt
- Fear of further loss: legal and financial insecurity
- Racial or gender-based discrimination
- Anti-immigrant policies and narratives





# As participants' financial stability increased, languishing mental health decreased



I believe that the entrepreneurs we've helped, immigrant and nonimmigrant alike... have **become more financial stable and more financially self sufficient** than they were before they got a loan from us. And in that way I think, I hope, that we've **helped them heal** some of their financial trauma.

CDFI Leader



# Institutional response

Data: basic income evaluation; study of CDFI role



*It is reality in the United States, whether people wish to acknowledge it or not, that race, ethnicity, and immigrant status can and does correlate with economic prosperity. So, we're seeking to **find the path to yes for folks to whom the banks have said no.***

*CDFI leader*

## Trauma-informed lending

- No pressure to sign, offer resources
- Staff reflects community, multi-lingual services
- Institution physically present in communities
- Range of loans aligned with needs and values
- Acknowledging history/intergenerational trauma
- Holistic assessment of goals, risks, and credit
- Shift relationship with money through coaching
- Shame-free environment, warm handoffs



# Health care: not business as usual

Data: PAR study on narratives in health care re: immigrants

## Resources and best/emerging practices

- Institutional protocol for if ICE shows up
- Train frontline staff and ID primary point of contact
- Public v. private/protected areas
- Data privacy / chart review
- Don't ask patient legal status
- Patient resources (red cards, legal referrals, mental health, family preparedness plans, mutual aid)
- Support for coworkers / workforce well-being
- Coordinated sector-based advocacy
- CLAS standards
- Language and communication access
- CHWs and/or care in trusted locations
- Telehealth

**Know Your Patients' Rights: Keeping Healthcare Welcoming and Safe for Immigrants**

Logos: THE BORDER IS HERE, HLISN, LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH, NATIONAL IMMIGRATION PROJECT, health law advocates

**Wed February 12th 6pm ET**

**Panelists**

- Ivys Fernandez-Pastrana, JD The Border is Here.
- Lara Jirmanus, MD MPH Health and Law Immigrant Solidarity Network and Harvard Medical School
- Kate Purrington, JD Health Law Advocates
- Yulie Landan, JD National Immigration Project

**For registration Scan QR Code here**  
**Click the Link: <https://rb.gy/pz3p79>**

Logos: LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH, FXB Center for Health & Human Rights at Harvard University, HLISN

**Know Our Rights: Legal Updates for Immigrant Health**

Join the **Leah Zallman Center for Immigrant Health Research (LZC)**, **François-Xavier Bagnoud (FXB) Center for Health and Human Rights** at Harvard University, the **Health & Law Immigrant Solidarity Network (HLISN)**, and Massachusetts healthcare partners for a virtual update on immigration law and policy.

Healthcare leaders, providers, workers, public health professionals, and all encouraged to attend!

**LZC Coffee Chat**

**Thursday, October 16th, 2025**  
**2:00-3:00 pm ET**  
**Virtual on Zoom**

**Panelists**



**Susan Church**  
Chief Operating Officer & Legal Advisor,  
MA Office for Refugees and Immigrants



**Heather Yountz**  
Senior Immigration Staff Attorney  
Massachusetts Law Reform Institute

Please reach out to [lzc@communityhealth.org](mailto:lzc@communityhealth.org) with any questions. **CLICK HERE TO REGISTER** or **SCAN TO REGISTER**





# NOW WHAT

**How can we move out of survival mode and create safe and healthy communities for all?**

- Immigrant integration
- Narrative strategy
- Self and collective care

# Immigrant integration

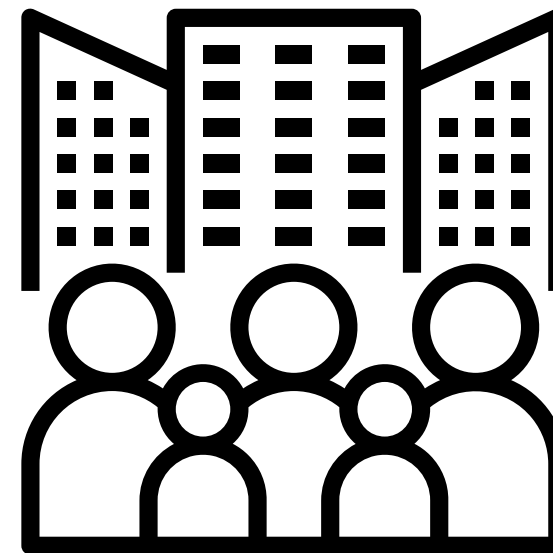
...is a dynamic, two-way process in which **newcomers and the receiving society work together** to build secure, vibrant, and cohesive communities.

Data: every  
single project!

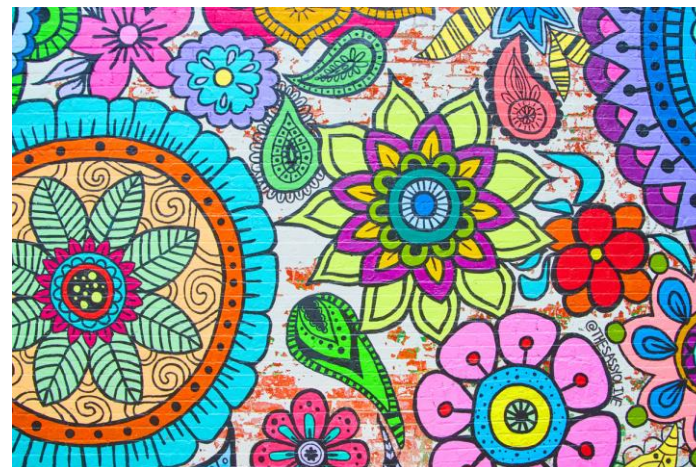
Personal



Institutional



Cultural





# Narrative strategy

...is a long term effort to **raise certain values and diminish others** in ways that engage **diverse types of narrators and audiences**, and that are not bound by short term communications needs.

Data: PAR study on narratives in health care re: immigrants



*"Listen to me. Gender is a construct, society is a construct, money is a construct. But bedtime is very, very real."*

# The Current Media & Social Media Landscape

When at the core of the intersection of healthcare, immigration, and frontline work, the landscape is *clearly divided into supportive and oppositional narrative viewpoints* — there is little middle ground:

Proponents

*Anti-immigrant policies in healthcare affect all our care and health*

*Immigrants are a drain on the health care system and cheat the system at the expense of taxpayers*

Opponents



# Proponents

*Healthcare is a human right, so, health care facilities should be sacred spaces, immune of immigration enforcement.*

*Health care workers hold a professional identity and responsibility to provide care—regardless of patients' immigration status.*

*Immigrants are a critical part of the healthcare workforce, filling important and necessary roles in our care infrastructure that would otherwise leave gaps in the system.*

*If immigrants fear getting healthcare, that negatively impacts and hurts the overall public health—which is already threatened by ongoing public health risks.*



***“The immigrant workers are very crucial to the functioning of this facility and to the physical and mental health of the people they serve.” –Terry Hodge, Administrator at the Framingham, Massachusetts, facility — CNN***

***“Care delayed is care denied, we want patients to know ultimately we have the preventative care you need, we want you to have timely access to treating your disease or illness...and to live a healthy, productive life. That requires that you have continued access to your health care provider and we are still here to meet those needs. That hasn’t changed.” –Michael Curry, chief executive of the Massachusetts League of Community Health Centers — BOSTON GLOBE***

***“Foreign-trained physicians will now be able to help fill in the core of health care professionals that are serving in the Commonwealth and lead to getting people in sooner, diagnosed sooner, treated sooner, and afforded prevention and wellness sooner,” –Michael Curry, president and chief executive of the Massachusetts League of Community Health Centers — BOSTON GLOBE***

***“Nursing homes are looking for additional workers, they aren’t bidding down wages for native-born workers, they’re working alongside native born workers.” –David C. Grabowski, professor of health care policy at Harvard Medical School — BOSTON HERALD***

***“The biggest myth in the debate over immigrant welfare use is that noncitizens — which includes illegal immigrants and those lawfully present on various temporary visas and green cards — disproportionately consume welfare. That is not the case. **Noncitizen immigrants consumed 54 percent less welfare than native-born Americans.**” –CATO institute — WBUR***

# Opponents

*Immigrants are a drain on the health care system and often cheat it.*

*Blue States are providing immigrants with free health care at the expense of taxpayers.*

*Immigrants who work in healthcare are taking jobs away from citizens.*

*“This is a bill that I have run to promote **accountability**. It in no way compromises a person’s ability to be served and treated at a hospital”* –Republican state Sen. Wendy Rogers. — [FOX NEWS](#)

*“Thankfully, the court put another nail in the coffin of **Biden’s radical left-wing agenda**”* – Alabama Attorney General Steve Marshall — [BOSTON GLOBE](#)

*“Today, **our healthcare system is overrun by illegals** who came into our country, and the **cost is borne by people like you and me**, who are regular citizens, regular immigrants, who came here the right way”* Abraham George, the chairman of the Texas Republican Party — [BOSTON HERALD](#)

*“Even though President Trump is ending the ‘Temporary’ Protected Status of all these **deadbeat Haitian illegals**, the local Democrats desperately want them to remain here, on their **permanent lifetime vacations**. It’s all part of the fundamental transformation of America into a Third World hellhole.”* –Howie Carr, political commentator — [BOSTON HERALD](#)

*“This audit shows that the governor, that the program was **rampant in overspending. It spent well in excess of 200% more** than what was estimated in budgets and in appropriations”* –John Curran, Illinois state Senate Republican leader — [FOX NEWS](#)





# Narrative strategy

...is a long term effort to **raise certain values and diminish others** in ways that engage **diverse types of narrators and audiences**, and that are not bound by short term communications needs.

Data: PAR study on narratives in health care re: immigrants

## Emerging/potential strategies

- We are all connected
  - Humanization and connection through messengers
  - Respectfully finding common ground
  - Countering us v. them
- We all seek safety and deserve more than survival
  - Caregivers as vital members of communities
- Financial well-being is about more than covering bills, It's about understanding your power in the economy.
  - Economic impact v shared economic destiny.



*We really need for people to understand how much immigrant communities are contributing to economic growth and economic stability. And why **when you invest in immigrants, you're also investing more broadly**, right?*

*CDFI leader*



**LEAH ZALLMAN CENTER**  
FOR IMMIGRANT HEALTH RESEARCH

# Self and Collective Care

Data: every  
single project!



Perhaps our mothers knew then what we are learning now, that the systems were not designed to protect us. Our mothers created community and practiced collective care as an act of survival but also as a place to radically reimagine the futures of their children.

-Mugabekazi (Gloria) Mugasha, [African Feminism](#)

**Rest is anything that connects your  
mind and body.**

-Tricia Hersey, [The Nap Ministry](#)





# Thank you!

Research projects referenced in this presentation were supported by and/or conducted in partnership with:

- City of Boston Equity and Inclusion Cabinet
- City of Boston Mayor's Office for Immigrant Advancement
- CDFI Research Consortium at the University of New Hampshire Carsey School of Public Policy
- Harvard T. Chan School of Public Health
- Health Law Immigrant Solidarity Network
- Massachusetts Immigrant Collaborative
- Massachusetts Immigrant and Refugee Advocacy Coalition
- Robert Wood Johnson Foundation
- Wonder: Strategies for Good

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